



WOODLAND VETERINARY HOSPITAL

445 Matmor Road * Woodland, CA 95776 * www.woodlandvethospital.com * (530) 666-2462 * fax (530) 666-3454

VSI Photo Release

I give WOODLAND VETERINARY HOSPITAL the absolute right and permission to use one or more photograph/s of my child in its promotional materials and marketing efforts. I understand that the photographs may be used in a publication, print ad, direct-mail piece, newsletter, newspaper, brochure, electric media (e.g. video, power point, CD-ROM, Internet/WWW), or other form of marketing. I release WOODLAND VETERINARY HOSPITAL, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. **I hereby grant permission to WOODLAND VETERINARY HOSPITAL the right to use, reproduce, and/or distribute photographs, films, videotapes, and sound recordings of me / my child / my pet/s, without compensation or approval rights, for use in materials created for purposes of promoting or marketing the services of WOODLAND VETERINARY HOSPITAL.**

Name of Child _____

Name of Parent or Legal Guardian _____

Signature of Parent or Legal Guardian _____

VSI Liability Release

I am aware that a veterinary hospital is a "high-risk" workplace. I understand that by attending any educational program at WOODLAND VETERINARY HOSPITAL my child enters into that workplace during normal business hours while staff members are doing their respective jobs.

On behalf of myself and my child, I hereby release and discharge WOODLAND VETERINARY HOSPITAL from all claims of negligence, actions, demands or other claims that we or our heirs, personal representatives, or assigns may have for injuries or property damage resulting from participation in a program at WOODLAND VETERINARY HOSPITAL.

Name of Child _____

Name of Parent or Legal Guardian _____

Signature of Parent or Legal Guardian _____

Address _____

City _____ ZIP _____ Date _____

Home Phone () _____ Cell () _____ Work () _____

VSI Student / Parent Agreement

I understand that WOODLAND VETERINARY HOSPITAL is a full service hospital / training / emergency / boarding facility and that the VSI class is held during normal business hours.

As a guest at this facility I agree to ...

- Act appropriately
- Ask questions when I am unsure what to do
- Treat all people and animals that I meet with respect
- Follow all instructions including but not limited to these:
 - I will not touch any animal unless permitted by instructor
 - I will not touch any surface (counter, tray, instrument, etc...) unless permitted by instructor
 - I will not put my fingers in any cages
 - I will not open any cage doors

I understand that if I do not follow these guidelines I may put other people or animals at risk, and I may be dismissed from class.

Student Signature _____

As the parent /guardian of a child in the VSI class I agree to...

- Stay with my child until the VSI class starts.
- Pick up my child as soon as the VSI class is over.
- Be accessible by phone during the VSI class.
- Arrange for immediate transportation for my child if he/she needs to leave the VSI class (due to feeling ill or being dismissed).

I understand that if my child does not follow the guidelines and rules he/she may be dismissed from the class. I have explained the above provisions to my child.

Parent / Guardian Signature _____